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- [Posts](#)
- [Comments](#)

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- [About](#)
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- [Navy Medicine WebSite](#)
- [I AM Navy Medicine](#)

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As an LCSW, and a Navy psychological health provider, I discover I'm a force multiplier.

By Lt. Cmdr. Christopher T. Ragsdale

Editor's note: Throughout March, we're honoring the important contributions of Navy social workers.

Our social workers connect Sailors, Marines and their family members with the care and support they need. Lt. Cmdr. Christopher Ragsdale is U.S. Navy Bureau of Medicine and Surgery's resident subject matter expert in community systems and psychological trauma. A Licensed Clinical Social Worker he is the first LCSW to obtain the Fleet Marine Force Warfare Officer designation in U.S. Navy history.

When I'm asked what interested me in a career with Navy Medicine, My answer is – September 10, 2001. A peculiar answer for some. How I miss those days of what most of us referred to as “normal.”

At the time, I was working in rural North Carolina as a child and family therapist. Fall days were starting. The skies were that “Carolina blue” that James Taylor sings about and makes me proud to be a UNC-Chapel Hill graduate. On the morning of September 11, 2001, I got called out of my office to watch in disbelief the damage done from the first impact on the World Trade Center. I couldn't believe when the second plane hit.

It was even a more surreal experience watching the catastrophic event unfold on this dinky pink portable black-and-white 8' inch television that a colleague had at work. During the following days, kids in the clinic waiting area would stack blocks as high as they could. They would then turn their arms into imaginary airplane wings, taking wide swooping arcs to re-enact the attack, each time taking the block towers down with a loud crash.

I could walk outside the clinic and it was eerily silent. No planes flew for days.

Rewiring the Disconnect

Years past since 9/11 and I refined my skills as a psychological trauma specialist in children and families, as lead forensic interviewer at Levine Children's Hospital's department of pediatrics in Charlotte, North Carolina. I was bothered seeing news reports about the physical and psychological injuries our service members were experiencing during a war that pointed to no clear end in sight.

I understood psychological trauma of physical and sexual abuse was different from combat exposure, but also recognized that there are strong similarities. So I called a Navy recruiter. The conversation was short – “You have a Masters of Social Work?” And “You are a Licensed Clinical Social Worker (LCSW)?” And “You have 17 years of experience in the child crime world?” And “You don't have a criminal record?” And “You don't owe any money for college?” Finally ending with “would you like to join the Navy?”

The movie version of my life, portrayed by a prettier person, will involve the recruiter placing me on hold for a second, standing up in his cubicle, getting his fellow recruiters attention, and pumping his fist. He really did say, “What are you doing for lunch?”

Time to go. And then...five months later, my wife and I are driving across the United States to Camp Pendleton, home of the 1st Marine Division.

As an LCSW, and a Navy psychological health provider, I discover I'm a force multiplier. When I was stationed with the 1st Marine Division serving as an Operational Stress Control and Readiness provider, I worked with Operational Forces as a consultant to keep Marines and Sailors in the fight. It involved working in a garrison and in a deployed setting.

At my current duty station, Bureau of Medicine and Surgery (BUMED), I am a subject matter expert in community systems and psychological trauma. I led the joint recovery team that responded to the mass shootings at the Washington Navy Yard; a project that lasted for three months. Our job was to assist commands, such as The Naval Sea Systems Command, to return to optimal functioning and productivity.

As a Licensed Clinical Social Worker, I have the coolest job on the planet.

I'm Lt. Cmdr. Christopher Ragsdale. I am Navy Medicine.

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